

Registration District No. **7911**Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Phillips Hospital
 (If not in hospital or institution, write street number or location)
1048
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community _____
 years, months or days) 12 yrs

3. (a) PRINT FULL NAME Pearl Banks

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Green Banks 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased 8 22 1882
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>3</u>	<u>11</u>	hr. _____ min.

9. Birthplace Brumsey Miss
(City, town, or county) (State or foreign country)10. Usual occupation Cook in private homes

11. Industry or business _____

12. Name James Young13. Birthplace Brumsey Miss
(City, town, or county) (State or foreign country)14. Maiden name Jane Young15. Birthplace Brumsey Miss
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Green Banks(b) Address 1420 Wash St St Louis MO17. (a) Buried (b) Date thereof 11-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park Cemetery18. (a) Signature of funeral director Bus Lowe(b) Address 2930 Dickson St19. (a) NOV 15 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
 (c) City or town St. Louis 25
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1420e Wash St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1940 hour 3:55 minute _____ P. M.21. I hereby certify that I attended the deceased from
Oct 26, 1940 to Nov 10, 1940
that I last saw her alive on Nov 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Hypertensive Heart Disease About</u>	<u>12-15</u>
	<u>MOS</u>

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____23. Signature Edell W. Hatach (M. D. or other) _____Address 2601 N Whittier Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed

C. L. Hamwell

Licensed Embalmer No. *2452*

P. O. Address *2820 Dickson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.